

<b>Interview Summary</b>	Application No. 09/769,736	Applicant(s) LE PAGE ET AL	
	Examiner Karen Cochrane Carlson, Ph.D.	Art Unit 1653	

All participants (applicant, applicant's representative, PTO personnel):

(1) Karen Cochrane Carlson, Ph.D. (3) \_\_\_\_\_

(2) Lawrence H. Posorske voice mail. (4) \_\_\_\_\_

Date of Interview: 27 July 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: none.

Identification of prior art discussed: none.

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: KCC telephoned LHP regarding the discrepancies in the paper copy and computer readable form of the sequences provided. The CRF contains 212 sequences, while the paper copy contains 196 sequences. Also, Table 1 on page 44 of the specification cannot be read. A copy of these papers are attached hereto. A new paper copy of the sequence listing and page 44 must be provided before this application will issue..

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.



KAREN COCHRANE CARLSON, PH.D.  
PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required